

May 25, 2018

<u>Via Certified Mail</u> #70171000000082833905

Marlene H. Dortch, Secretary Federal Communications Commission 445-12th Street, SW Washington, DC 20554

Re: FCC Form 395 - East Ascension Telephone Company, L.L.C.

Dear Ms. Dortch.

On behalf of East Ascension Telephone Company, L.L.C. and in compliance with Section 1.815 of the Commission's rules (47 C.F.R. § 1.815), FCC Form 395 entitled "Common Carrier Annual Employment Report" is attached. We request that the report be treated as confidential and not for public inspection.

Therefore, the electronic version of this filing contains a redacted copy of the report, while the forms sent via certified, registered mail are marked "CONFIDENTIAL, NOT FOR PUBLIC INSPECTION." The original and four (4) copies of this transmittal letter and the report are enclosed via U.S. mail.

Also enclosed is a copy of this transmittal letter marked "FILE STAMPED COPY" for stamp and return in the enclosed self-addressed stamped envelope as proof of filing.

Should you have any questions regarding this filing, please contact me directly at (225) 621-3828.

Sincerely,

Attornev

Enclosure

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information 1 Name and Mailing Address of Re	ion	2							9	9						
East Ascension Telephone Company, L.L.C. 913 S. Burnside Ave. Gonzales, LA 70737	elepho	one C	ompan	y, L.L.(Ç									Che is a add	Check here if this is a change of address.	
 Year Report Filed 2018 		3.	Reporting Period Co Redac	3. Reporting Period (Ending Date of Pay Period Covered by Report) Redacted/Confidential	ng Date of Pa oort) 1fidentia	<u> </u>		4. Number of Reporting a. Fe	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all coefficient)	nployees dur k one): complete Sec	ing Selected	d V only)				
SECTION II - Full-Time Employees.	/ees.															
								Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
Job									Race/Ethnicity							
Categories		Hispanic or	or or						Not-Hispanic or Latino	ic or Latino						Total
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						Pacific Islander		Native			Allelican	Pacific Islander		Alaska Native		
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Professionals	2															0
Technicians	ω						PR		ARY &							0
Sales Workers	4						C									0
Administrative Support Workers	Oi Oi															0
Craft Workers	0															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL 10	0 0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11									**							0

Female Asian American Indian or Alaska Native